

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
 Todd A. Wolford, et al.)
 Serial No.: 10/659,812) Group: 3733
 Filed: September 11, 2003)
 Title: ORTHOPAEDIC REAMER DRIVER)
 FOR MINIMALLY INVASIVE SURGERY) Examiner: J. Swiger III

AMENDMENT TRANSMITTAL SHEET

MS AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as follows:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13	MINUS	25	0	x \$25 x \$50	0.00
INDEPENDENT CLAIMS	2	MINUS	4	0	x \$100 x \$200	0.00
FEE FOR MULTIPLE CLAIMS \$130/\$260						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

[] A check in the amount of \$ 0.00 is enclosed to cover the additional fees. (Check)
 [] A check in the amount of \$ to cover the Extension fee for response within the month is enclosed.
 [] Applicants authorize the additional fees in the amount of \$ be charged to Deposit Account No. 20-0095,
 TAYLOR & AUST, P.C.

Respectfully submitted,

/Kelly R. Bailey/

 Kelly R. Bailey
 Attorney for Applicant

Enc: Return Postcard
 TAYLOR & AUST, P.C.
 142 S. Main Street
 P.O. Box 560
 Avilla, IN 46710
 Telephone: 260-897-3400
 Facsimile: 260-897-9300